

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

34811

STATE FILE NUMBER

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 394

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Boone Co. Hospital		d. STREET ADDRESS (If outside, give location) 911 West Blvd. North	
3. NAME OF DECEASED (Type or print) First PAULA Middle LOUISE Last KAUFFMAN		4. DATE OF DEATH Oct. 24, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and state or country) Enid, Oklahoma	
13a. FATHER'S NAME G.H. Moehle		13b. MOTHER'S MAIDEN NAME Mary Rullkoetter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Doral L. Webb, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Collapse</u> DUE TO (b) <u>hydrothorax, bilateral</u> DUE TO (c) <u>generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>right ovary.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u> <u>total</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1957</u> to <u>Oct 1957</u> and last saw <u>live on 24 Oct 1957</u> Death occurred at <u>1 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Eugene W. Palmer, M.D.</u>		22b. ADDRESS <u>406 HUITAR BLVD. COLUMBIA, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 27, 1957	
23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Mo.	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Oct 27 1957	
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

NOV 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No.

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.